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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) PU020010
In re Application of David Emery Virage et al.		
Application Number 10/044,260		Filed 01/11/2002
For DIRECTORY DELIVERY SYSTEM AND METHOD FOR A DIGITAL SUBSCRIBER LINE MODEM		
Group Art Unit 2643	Examiner Chan, Wing F.	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.	RECEIVED
<input type="checkbox"/> A check in the amount of the fee is enclosed.	MAY 09 2003
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	Technology Center 2600
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-0832</u> .	

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

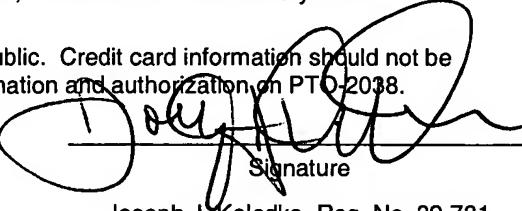
- assignee of record of the entire interest. See 37 CFR 3.71
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- attorney or agent of record.
- attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). 36,316 .

Should the extension period requested be inadequate for providing a timely response please extend the time by the appropriate period needed, not to exceed the statutory limit.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

May 2003  
Date

  
Signature

Joseph J. Kolodka, Reg. No. 39,731

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

**TOTAL AMOUNT OF PAYMENT** (\$ ) **\$110**
**Complete if Known**

Application Number	10/044,260
Filing Date	01/11/2002
First Named Inventor	David Emery Virage et al
Examiner Name	Chan, Wing F.
Group / Art Unit	2643
Attorney Docket No.	PU 020010 Technology Center 2600

**RECEIVED****MAY 09 2003**

<b>METHOD OF PAYMENT (check one)</b>																																								
1. <input type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:																																							
Deposit Account Number	07-0832																																							
Deposit Account Name	THOMSON multimedia Licensing Inc.																																							
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27																																								
2. <input type="checkbox"/>	Payment Enclosed:																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																								
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<b>SUBMITTED BY</b>					
<b>Complete (if applicable)</b>					
Name (Print/Type)	Jopseph J. Kolodka	Registration No. Attorney/Agent	39,731	Telephone	609-734-6816
Signature					Date

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